

TO BE COMPLETED BY BENEITS OFFICE:					
Effective Date://					
Client Code: <u>2812</u> Sub Code: <u>2873</u> , <u>2868</u> , <u>2869</u> ,					
<u>2870,</u> <u>2871,</u> <u>2872,</u> <u>2874,</u> <u>2875</u>					
G/L Number: <u>207527</u>					

Vision Plan Enrollment Form

Organization Name: Williamson County

I. Check the Appropriate Boxes						
Coverage Desired				REASON FOR CHANGE IN STATUS		
☐ Employee Only ☐ Employee + One ☐ Employee + Family	New Enrollment☐ Change of Status/Address☐ Open Enrollment☐ COBRA	☐ Termination ☐ Marriage ☐ Newborn Child ☐ Other Insurance ☐ Move to COBRA	Death Divorce Last Name Adoption/le of child Legal custo parent Dependent married/rea	ody of child		
II. Employee Information (ple	ease print clearly):					
Social Security Number						
Your Name						
(First) (Middle Initial) (Last) Birth Date/						
BIRTH Date/						
Address						
Home Phone () Work Phone () III. List All Eligible Family Members Below (if electing dependent coverage):						
			me Student?	Sex		
Spouse		/not	applicable	□M / □F		
Child			Yes No	M /F		
Child			Yes 🗌 No	□M / □F		
Child			Yes 🗌 No	□M / □F		
Child		/	Yes No	□M / □F		
I agree to continue enrollment in the vision plan for a period of 12 months						
Your Signature		Date				

Spectera provides services under the following regulated subsidiaries in the following states: California - Spectera Vision Services of California, Inc.; Florida - Spectera Vision Services of Florida, Inc.; Indiana - Spectera Vision, Inc.; Maryland - Spectera Insurance Company; Texas - Spectera Insurance Company, Inc.; Virginia - Spectera Vision, Inc.